

# PART B - FEE(S) TRANSMITTAL

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26308 7590 09/27/2002

**RYAN KROMHOLZ & MANION, S.C.**  
**POST OFFICE BOX 26618**  
**MILWAUKEE, WI 53226**



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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.

**Julie A. Wolf** (Depositor's name)  
*Julie A. Wolf* (Signature)  
**10/21/02** (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/654,201	09/01/2000	Gary J. Pond	4283-16408-CIP	6274

**TITLE OF INVENTION:** NECKLINE TITANIM DENTAL NEEDLER

**SURGICAL NEEDLE (as amended)**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$640	\$0	\$640	12/27/2002

EXAMINER	ART UNIT	CLASS-SUBCLASS
O CONNOR, CARY B	3732	433-081000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 **Ryan Kromholz & Manion,**  
**S.C.**  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

**PLEASE NOTE:** Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

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Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee

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(Authorized Signature)

(Date)

10/21/02

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10/29/2002 CURE2 00000093 09654201

01 FC:2501  
 02 FC:8001

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